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FACSIMILE TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/575,277
		Filing Date	05/22/2000
		First Named Inventor	Roger K. Cady, et al.
		Group Art Unit	1614
		Examiner Name	Vickie Y. Kim
Total Number of Pages in This Submission	4	Attorney Docket No.	57294-012

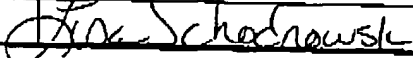
ENCLOSURES (check all that apply)

<input type="checkbox"/> Charge Deposit Account—08-3460 <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> Affidavits/declarations(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Petition For Revival of an Application for Patent Abandoned Unintentionally Under 37 CFR 1.137(b))	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Request To Rescind Previous Nonpublication Request <input type="checkbox"/> Response to Notice of Allowability <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: <input type="checkbox"/> Commissioner is hereby authorized to charge fees in this application and any fees which may be required, or any overpayment, to Deposit Account 08-3460. I have enclosed a duplicate copy of this sheet <input type="checkbox"/> Amount: \$		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	H. Frederick Rusche
Signature	
Date	February 11, 2004

CERTIFICATE OF FACSIMILE
37 CFR 1.18

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Signature	
Date	2-11-2004

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OFFICIAL

Appl. No. 09/575,277
Amdt. dated 11 February 2004
Reply to Office Communication of 14 January 2004

Appl. No. : 09/575,277
Applicant : Roger K. Cady, et al.
Filed : 05/22/2000
Title : Preemptive Prophylaxis of Migraine
TC/A.U. : 1614
Examiner : Vickie Y. Kim
Docket No. : 57294-012

**Box Non-Fee Amendment
Honorable Commissioner of Patents
Washington, D.C. 20231**

RESPONSE TO NOTICE OF INCOMPLETE RESPONSE

Sir:

In response to the Notice of Incomplete Response dated 14 January 2004, the applicant hereby elects the species in Invention Group IV relating to the use of naratriptan. Claims 27, 32, 43, and 44 are directed to naratriptan.

Amendments to the Specification: None.

Amendments to the Claims: None.

Amendments to the Drawings: None.

Remarks/Arguments: Begin on page 2 of this paper.